Please type a plus sign (+) inside this box UTILITY **PATENT APPLICATION TRANSMITTAL**

PTO/SB/05 (03-01) Approved for use through 10/31/2002 OMB 0651-0032

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11220-003 Attorney Docket No. BROOKLER, Brent D. First Inventor SYSTEM FOR CONDUCTING ELECTRONIC

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents. ADDRESS TO: Assistant Commissioner for Patents Application Washington, DC 20231 1.	(Only for new nonprovisional app)) Expr	xpress Mail Label No. ET338873403US							
See MPEP chapter 600 concerning utility patent application contents. Washington, DC 20231	APPLICATION	Al								
Computer Program (Appendix) Shedward and subjective for fer processing) Computer Program (Appendix) See 37 CFR 1.27. Computer Program (Appendix) Shudeotide and/or Amine And Sequence Submission (If applicable, all messarry) Shudeotide and/or Amine And Sequence Submission (If applicable, all messarry) Shudeotide and/or Amine And Sequence Submission (If applicable, all messarry) Shudeotide and/or Amine And Sequence Submission (If applicable, all messarry) Shudeotide and/or Amine And Sequence Listing on:		nts.								
Background of the Invention - Bref Summary of the Invention - Claim(s) - Detailed Description - Claim(s) - Abstract of the Disclosure - A Signement Papers (cover sheet & document(s)) - Abstract of the Disclosure - Accompany Yareh Sasignment Papers (cover sheet & document(s)) - Total Pages - Information Disclosure - Copies of IDS - Statement (IDS)/PTO-1449 - Citations - Statement (IDS)/PTO-1449 - Citat	Submit an original and a duplicate, Applicant claims small er See 37 CFR 1 27. Specification (preferred arrangement set forth - Descriptive title of the - Cross Reference to Research - Statement Regarding) - Reference to sequence.	8 a	Computer Program (Appendix) 8 Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Form (CRF) b Specification Sequence Listing on: CD-ROM or CD-R (2 copies); or							
- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Claim(s) - Abstract of the Disclosure 4.	 Background of the Inv 	vention								
Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts. 19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Unsert Costomer No. or Allary was code labeline by Name JOHN F. LETCHFORD	- Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. \[\text{X} \] Drawing(s) (35 U.S.C. 113) \[\text{Total Pages} \] 10. \[\] (when there is an assignee) \[\] Attorney 5. Oath or Declaration \[\text{Total Pages} \] 12 \[\] Information Disclosure \[\] Copy from a prior application (37 CFR 1.63 (d)) 6. \[\text{X} \] Application Data Sheet. See 37 CFR 1.76 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment or in an Application Data Sheet under 37 CFR 1.76: - Detain(s) - Assignment Papers (cover sheet & document(s)) - 37 CFR 3.73(b) Statement Power of (when there is an assignee) \[\text{Attorney} \] Attorney - Attorney - Attorney - 10. \[\] 37 CFR 3.73(b) Statement Power of (when there is an assignee) \[\text{Attorney} \] Attorney - Attorney - Attorney - 11. \[\text{English Translation Document (if applicable)} \] Copies of II - Copies o									
19. CORRESPONDENCE ADDRESS Customer Number or Bar Code Label Airsert Customer No. or Allach Lear to Le felber nere) Name JOHN F. LETCHFORD	Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.									
Name JOHN F. LETCHFORD										
JOHN F. LEIGHFORD	Customer Number or Bar Corte Label									
Klehr, Harrison, Harvey, Branzburg & Ellers LLP	Name	JOHN F. LETCHFORD)							
	P									
Address 260 South Broad Street	Address	260 South Broad S	treet							
City Philadelphia State PA Zip Code 19102			State	PA	Zip	Code	19102			
Country US Telephone (215) 569-3495 Fax 568-6603	Country	US	Telephone	(215) 569-3	495 F	ax	568-6603			
Name (Print/Type) JOHN F. LETCHFORD Registration No. (Attorney/Agent) 33,328	Name (PrinttType) JOHN F. LETCHFORD			Registration No. (Attorney/Agent) 33,328						
Signature Date Date Date		nated to take 0.2 Keyes to a live	Tunoll	nu dononduna						

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Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT

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Complete if Known							
Application Number							
Filing Date	April 30, 2001						
First Named Inventor	BROOKLER, Brent D.						
Examiner Name							
Group Art Unit							
Attornov Docket No	11220 002						

METHOD OF PAYMENT	FEE CALCULATION (continued)							
1. The Commissioner is hereby authorized to charge indicated fees and credit any overnaments to	3. ADDITIONAL FEES							
indicated fees and credit any overpayments to Deposit	Large Small							
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Deposit Vichr Harrigan	Code (\$) Code (\$)							
Account Klehr, Harrison	105 130 205 65 Surcharge - late filing fee or oath							
Charge Any Additional Fee Required Under 37 CFR 1 16 and 1 17	127 50 227 25 Surcharge - late provisional filing fee or cover sheet							
Applicant claims small entity status	139 130 139 130 Non-English specification							
See 37 CFR 1 27	147 2,520 147 2,520 For filing a request for ex parte reexamination							
2. X Payment Enclosed: X Check Credit card Money Order Other	112 920* 112 920* Requesting publication of SIR prior to Examiner action							
FEE CALCULATION	113 1,840* 113 1,840* Requesting publication of SIR after Examiner action							
	115 110 215 55 Extension for reply within first month							
1. BASIC FILING FEE Large Entity Small Entity	116 390 216 195 Extension for reply within second month							
Fee Fee Fee Fee Description	117 890 217 445 Extension for reply within third month							
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101 710 201 355 Utility filing fee 355	128 1,890 228 945 Extension for reply within fifth month							
107 490 207 245 Plant filing fee	119 310 219 155 Notice of Appeal							
108 710 208 355 Reissue filing fee	120 310 220 155 Filing a brief in support of an appeal							
114 150 214 75 Provisional filing fee	121 270 221 135 Request for oral hearing							
(1) (1) 0	138 1,510 138 1,510 Petition to institute a public use proceeding							
SUBTOTAL (1) (\$) 355	140 110 240 55 Petition to revive - unavoidable							
2. EXTRA CLAIM FEES	141 1,240 241 620 Petition to revive - unintentional							
Extra Claims below Fee Paid								
Total Claims 20 -20** = 0 X =	143 440 243 220 Design issue fee							
Claims	144 600 244 300 Plant issue fee							
Multiple Dependent	122 130 122 130 Petitions to the Commissioner							
Large Fatths 6 - 11 Fatts	123 50 123 50 Processing fee under 37 CFR 1 17(q)							
Large Entity Smatl Entity Fee Fee Fee Fee Fee Description	126 180 126 180 Submission of Information Disclosure Stmt							
Code (\$) Code (\$)	581 40 581 40 Recording each patent assignment per property (times number of properties)							
103 18 203 9 Claims in excess of 20 102 80 202 40 Independent claims in excess of 3	146 710 246 355 Filing a submission after final rejection							
102 80 202 40 Independent claims in excess of 3	(37 CFR § 1 129(a))							
109 80 209 40 ** Reissue independent claims over original patent	149 710 249 355 For each additional invention to be examined (37 CFR § 1 129(b))							
110 18 210 9 ** Reissue claims in excess of 20	179 710 279 355 Request for Continued Examination (RCE)							
and over original patent	169 900 169 900 Request for expedited examination of a design application							
SUBTOTAL (2) (\$)	Other fee (specify)							
**or number previously paid, if greater, For Reissues, see above	*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)							

SUBMITTED BY		Complete (if applicable)				
Name (Printl/Type)	John F. Letchford / Registration No (Attorney/Agent) 33,328	Telephone 215-569-3495				
Signature		Date April 30, 2001				

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PATENT APPLICATION FEE DETERMINATION RECOR							D Application or Docket Number 11220-003					
11220-003												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SM	SMALL ENTITY			OTHER TO	
FOR		NUMBI	ER FILED		NUMBER	EXTRA	R.	ATE	FEE		RATE	FEE
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* If the entry in column 1 is less than the entry in column 2 write "0" in column 3								TOTAL		OR	TOTAL	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20"

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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on A<u>pril 30, 2001.</u> Date

> Vanessa D. Hilton Signature

Vanessa G. Hilton

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